

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

JASON MURRAY

**GLEESON, J  
GOLD, M.J.**

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

New York City Dept. of Correction,  
ET AL.

**COMPLAINT**

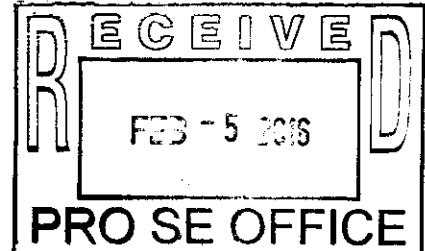
under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial:  Yes  No

(check one)

**CV 16 - 676**

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name JASON MURRAY  
ID # 441-150-5158  
Current Institution A.M.K.C.  
Address 18-18 Hazen Street  
East Elmhurst, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Officer Gagedeen Shield # 9837  
Where Currently Employed AMKC  
Address 18-18 Hazen Street  
East Elmhurst, NY 11370

Defendant No. 2

Name Officer Wright Shield # 5211  
Where Currently Employed Arikc  
Address 18-18 HAZEN st EAST Elmhurst  
NEW YORK 11370

Defendant No. 3

Name Officer Lewis Shield #  
Where Currently Employed Arikc 18-18 HAZEN st  
Address EAST Elmhurst NY 11370

Defendant No. 4

(Area Captain)  
Name Name not known Shield # 11223  
Where Currently Employed Arikc 18-18 HAZEN st  
Address East Elmhurst NY 11370

Defendant No. 5

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Arikc 18-18 HAZEN st EAST Elmhurst  
n.y. 11370

B. Where in the institution did the events giving rise to your claim(s) occur?

Quad 3 upper 7

C. What date and approximate time did the events giving rise to your claim(s) occur?

Saturday November 21 2015  
Around 5:30

Defendant No. 2 Name Officer Wright Shield # 5211  
 Where Currently Employed AMKC  
 Address 18-18 HAZEN st EAST Elmhurst  
NEW YORK 11370

Defendant No. 3 Name Officer Lewis Shield #  
 Where Currently Employed AMKC 18-18 HAZEN st  
 Address EAST Elmhurst N.Y. 11370

(Area Captain)  
 Defendant No. 4 Name Name not known Shield # 11223  
 Where Currently Employed AMKC 18-18 HAZEN st  
 Address East Elmhurst N.Y. 11370

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?  
AMKC 18-18 HAZEN st EAST Elmhurst  
N.Y. 11370
- B. Where in the institution did the events giving rise to your claim(s) occur?  
Quad 3 upper 7
- C. What date and approximate time did the events giving rise to your claim(s) occur?  
Saturday November 21 2015  
Around 5:30

D. Facts: The officers release a barrage of chemical agents and while I was blinded by the chemicals the alleged officers hit me numerous times with a baton in my lower back while on the floor.

What happened to you?

The Deputy on call duty on November 21 2015 ordered officers Lewis and officer 3089ht to release the chemical agents and I didn't see who assaulted me because I couldn't see.

Who did what?

Officers that I couldn't identify by name or shield.

Was anyone else involved?

Occupants of Quad 7 upper who was also assaulted.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I was deconaminated in the Receiving Room. I was treated by a physician on November 21 2015 on the 3rd fl. to 11 p.m.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No \_\_\_\_\_

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

Pending notification

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Do Not Know \_\_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No \_\_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Arka 18-18 Hazen st EAST Elmhurst NY 11370

1. Which claim(s) in this complaint did you grieve? The assault as well as the releasing of the chemical agents.

2. What was the result, if any? 3411 Pending.

Pending disposition.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

No disposition pending

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

Filed  
Pending

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any:

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G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

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Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

As a result I would like  
an investigation to take place in this matter  
along with all the parties.

The mentioned parties that was present on  
November 21 Saturday 2015 was extended from  
the housing area with brute force for a reason  
that was rectified after the fact. A rank  
that was missing from the 7 to 3 shift but  
as a result Quid uper 7 and it's occupants  
was NEVER SEARCH AND NEVER giving an explanation  
of the assault and fumigation of the official agents  
since we didn't pose a threat to the staff and  
fellow inmates. I seek payment in the amount  
of 1.5 million dollars.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No

On  
these  
claims

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No 1

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 24 day of November, 2015.

Signature of Plaintiff

Inmate Number

Institution Address

Jason Alvarado  
14411-05158

Auk C

18-18 Hazen St

East Elmhurst N.Y

11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 24 day of November, 2015, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Jason Alvarado

PRO SE OFFICE  
**UNITED STATES DISTRICT COURT**  
SOUTHERN DISTRICT OF NEW YORK  
DANIEL PATRICK MOYNIHAN UNITED STATES COURTHOUSE  
500 PEARL STREET, ROOM 200  
NEW YORK, NEW YORK 10007

RUBY J. KRAJICK  
CLERK OF COURT

Date: OCT 23 2015

Dear Litigant:

I am writing in response to your letter to the *Pro Se* Office dated OCT 20 2015.

The Court cannot act upon a letter. The Court can only act upon a complaint or a petition pending before it. A review of the Court's records indicates that there is no action presently pending in which you are a plaintiff. Should you wish to start an action in this Court, I am enclosing the following forms for your convenience:

- 42 USC § 1983 Forms
- 28 USC § 2241 Forms
- 28 USC § 2254 Forms
- 28 USC § 2255 Forms
- General Complaint Package
- Social Security Complaint Forms
- Employment Discrimination Forms

Any papers you wish to submit to this Court must be sent or delivered to this Office at the address listed above. This Office cannot offer any legal advice or assessment of the merits of your case.

I hope this information is of assistance to you. Should you have any further questions, you may contact this Office by letter or by telephone during our normal business hours, 8:30 a.m. - 5:00 p.m., Monday - Friday (except federal holidays). Please note that we cannot accept collect calls.

Sincerely,

**PRO SE INTAKE UNIT**

*Pro Se* Clerk  
(212)805-0175

enclosure(s)  
Rev. 05/10